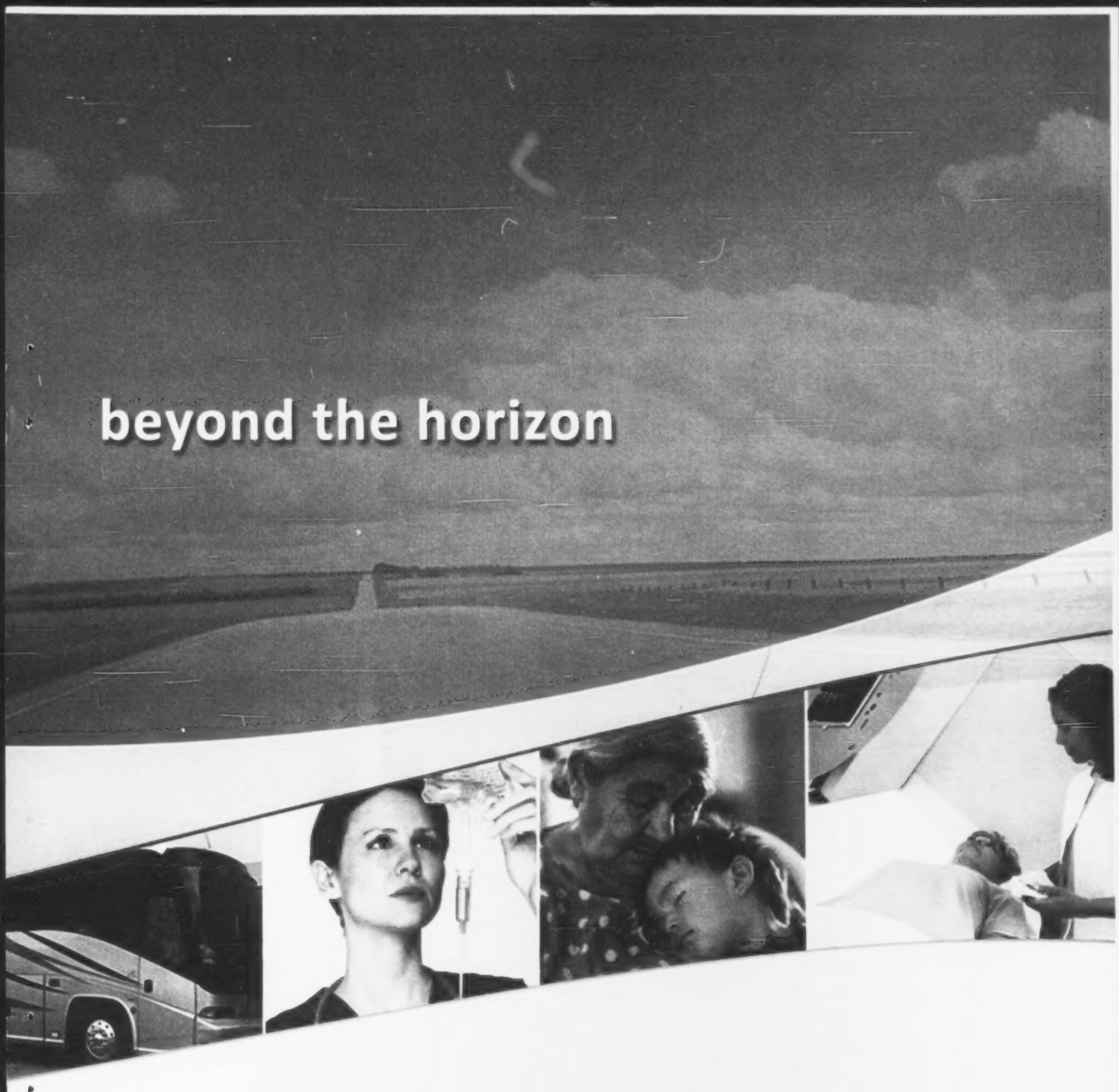

Annual Report 2010-2011

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Copies of the report are available at www.saskcancer.ca.

Letter of Transmittal

The Honourable Don McMorris
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister McMorris:

I have the honour of submitting the annual report of the Saskatchewan Cancer Agency for the fiscal year ending March 31, 2011.

We strive to provide excellence in all aspects of cancer control for the people of Saskatchewan. This includes ensuring access to care, treatment, prevention programs, quality research and early detection programs.

During the year the Agency had several key achievements that have helped improve the overall experience for clients, patients and their families. The first was hiring a new CEO Scott Livingstone. Mr. Livingstone started in April of 2010 and has ensured that the Agency is moving in a direction where the patient is at the heart of all decisions and actions.

By December, the Agency also had a full complement of oncologists and hematologists who helped improve access to care for cancer patients. As of December 31, the number of patients waiting to see a medical oncologist for their first appointment was at its lowest point in many months.

Using Lean, we were also able to improve access to care for patients receiving radiation therapy by offering them the opportunity to receive CT planning the same day as their first appointment with an oncologist.

We also worked on strengthening our relationships with other health care organizations, regions and others. In December, we also joined cancer organizations and research institutes in Manitoba to announce the Terry Fox Research Institute Prairie Node. This pan-Canadian initiative opens up opportunities for Saskatchewan researchers to make a difference in the fight against cancer that translates into real-world benefits for cancer patients.

In the coming year we will continue to focus our efforts and ensure that the client, patient and family are at the heart of our decisions and actions.

Respectfully,

J Stewart McMillan

Dr. J. Stewart McMillan
Board Chair

Message from the Board Chair and CEO

Beyond the horizon of care

Cancer is a disease that affects not only patients, but families, friends and communities. That's why working together with stakeholders, our regional health care partners and most importantly the patient, we strive to ensure that safe, high quality cancer care is accessible to all Saskatchewan people.

This report highlights how we are working to transform cancer care in this province. We have already seen positive progress being made, including improving access to care, increased working relationships with others who are also dedicated to the same goals and purposes as the Cancer Agency, and a renewed sense of leadership that comes from dedicated innovative staff who want to make a difference.

Our theme, beyond the horizon, reflects our commitment to improving every aspect of cancer care and control. We are working to provide excellent care with compassion, to involve patients and their families in treatment, and to lead in areas of quality, safety, risk, research and prevention.

Dr. J. Stewart McMillan
Board Chair

Scott Livingstone
Chief Executive Officer

Board of Directors

The Agency is funded by the provincial government and is governed by a board of directors appointed by the Lieutenant Governor in Council.

The role of the board is to:

- Select the chief executive officer and review his or her performance
- Determine the organization's mission and purpose
- Ensure effective organizational strategic planning
- Enable the Agency to achieve its purpose
- Protect the public's interest

Board Accomplishments

- Successfully recruited a new CEO who began in April of 2010
- Established a three-year strategic plan that is aligned with the health sector priorities.
- Listened to the patient story at every board meeting so members better understand the journey of cancer care in the province and in our facilities, and have looked at what areas the Agency has authority for and what areas we can use influence to improve the patient experience.

Board Committees

Audit Committee:

- Laura Kennedy, Chair
- Gordon Joyce
- CFO (Agency liaison)

Governance and Human Resources:

- Ron Waschuk, Chair
- Dr. Walter Streelasky
- Doug Finnie
- CEO (Agency liaison)

Quality, Safety and Risk:

- Doug Finnie, Chair
- Vaughn Solomon-Schofield
- Dr. Walter Streelasky
- CEO
- Provincial Leader, Quality Safety and Risk (Agency liaison)

Dr. Stewart McMillan, ex-officio on all committees

Dr. Stewart McMillan
Chair

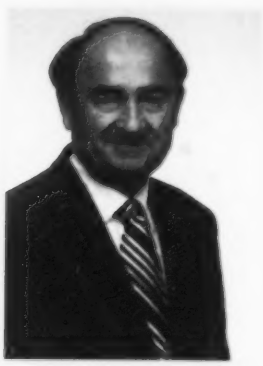
Ron Waschuk
Vice Chair

Doug Finnie

Gordon Joyce

Laura Kennedy

Vaughn Solomon-Schofield



Dr. Walter Streelasky

Who We Are

The Saskatchewan Cancer Agency operates prevention and early detection programs, conducts innovative research and provides safe, patient and family-centred care at our two cancer centres - the Allan Blair Cancer Centre in Regina and the Saskatoon Cancer Centre. Our more than 600 dedicated employees are passionate about their work in the fight against cancer.

As the only provincial health care organization in the province, we serve a population of 1,070,477 (Ministry of Health Covered Population 2010). We continue to meet the changing needs of health care, offering clients, patients and their families safe, quality programs and treatment.

We have a long proud history dating back to 1930 with the creation of the first cancer control agency in Canada. By 1944, several years before universal Medicare, the Saskatchewan legislature proclaimed that residents of the province were eligible for free services relating to the diagnosis and treatment of cancer.

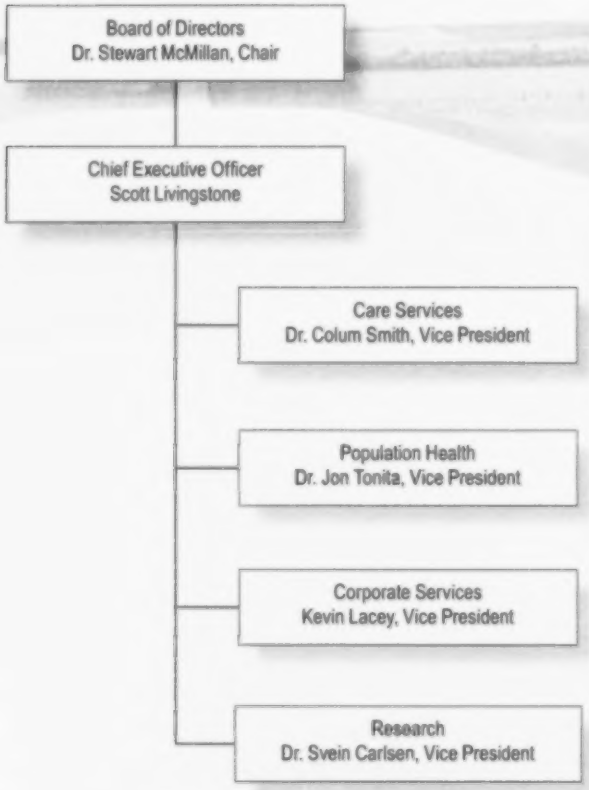
In 1998, we officially adopted the name of the Saskatchewan Cancer Agency. On May 19, 2006, *The Cancer Agency Act* received royal assent, giving us the responsibility for planning, organization, delivery and evaluation of cancer care services throughout Saskatchewan in collaboration with regional health authorities and health care organizations.

Together with the people of Saskatchewan, the Ministry and our partners, we have helped lay the foundation for cancer care in this province. This is a record to be proud of but also one to build on.

We are a not-for-profit organization subject to or governed by the following provincial legislation:

- *The Health Information Protection Act*
- *The Regional Health Services Act*

Organizational Structure



Sarah Cowan, Radiation Therapist

Why We Exist and Where We are Going

Today, cancer is the leading cause of death for Canadians, overtaking heart and stroke. One in three people will be diagnosed with cancer in their lifetime. This year alone, more than 173,000 Canadians will be diagnosed with some form of cancer and 76,000 will die from the disease. In Saskatchewan, an estimated 5,200 new cases of cancer will be diagnosed and 2,400 people will die. (Canadian Cancer Society Statistics 2010)

These numbers are significant when you consider that for each person diagnosed with cancer, their families and friends are also affected in so many ways.

The good news, though, is that the five-year survival rate has nearly doubled since the 1960s due in part to early detection through screening programs and the development of new drugs and treatment methods through research.

One of the other key pieces to reducing the risk of cancer is prevention. At least half of all cancers are preventable through healthy lifestyles. We believe strongly that primary cancer prevention is one way to reduce the costs associated with cancer treatment, and has a positive impact on the general health of individuals and their families in this province. Many of the risk factors for cancer are also common to diseases like heart and stroke, lung disease and diabetes.

Although we provide many services and programs to people right across the province, we recognize that focusing our attention on improving our work in four key areas will provide the best opportunity for us to make a difference:

- Improving the client, patient and family experience
- Improving access to care
- Improving quality, safety and accountability
- Enhancing primary prevention and early detection

We believe that this strategic direction will help guide us as we work to make positive changes that will result in meaningful care and a healthier population.

As an Agency, we stand on the brink of taking our work in prevention, early detection, treatment and research to the next level in cancer care and control for Saskatchewan people.

Our strategic plan will help us achieve our:

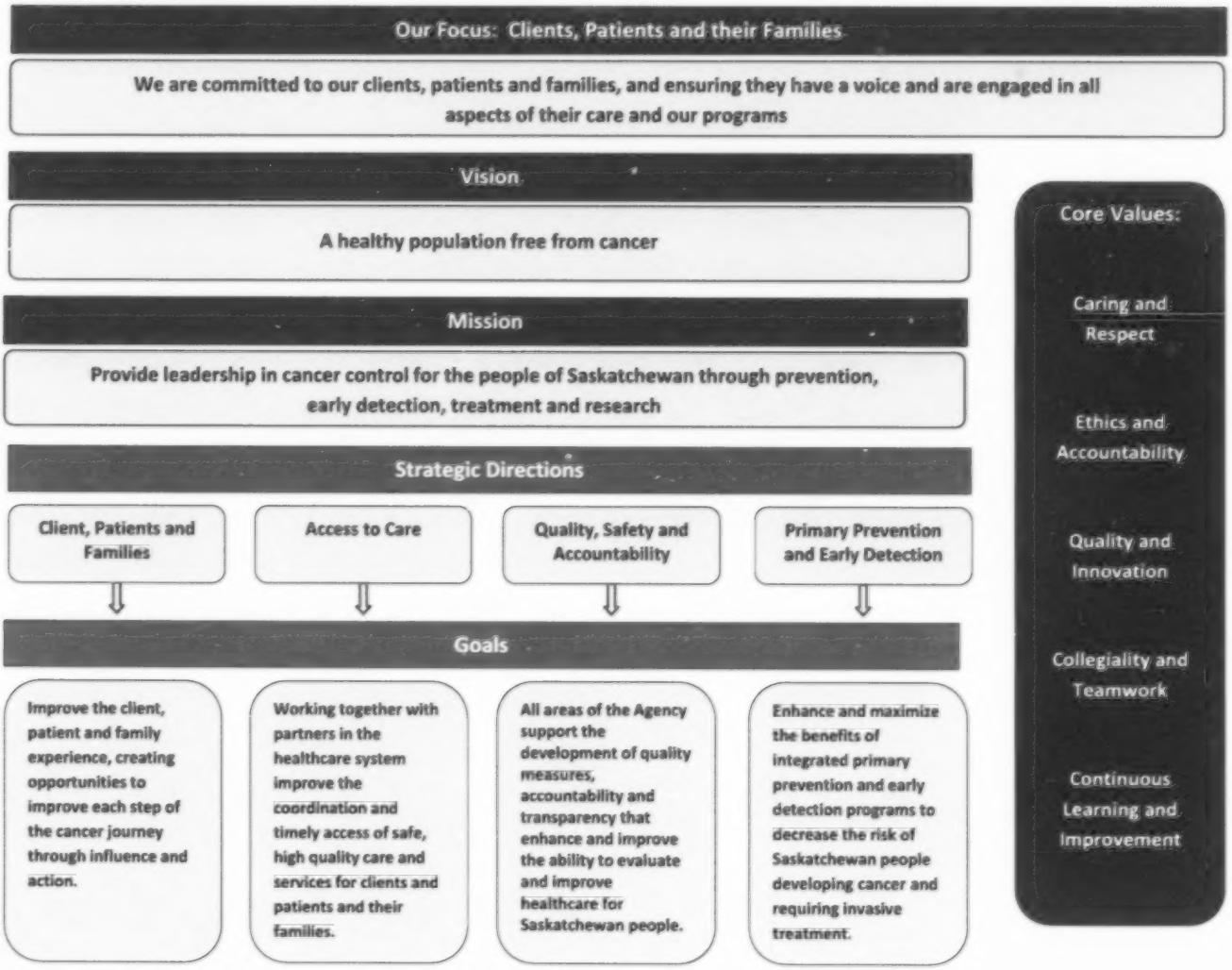
- **Vision** of a healthy population free from cancer
- **Mission** of providing leadership in cancer control for the people of Saskatchewan through prevention, early detection, treatment, and research

Craig Beckett, Site Manager, Medical Physics

Why We Exist and Where We are Going

With a clear focus on clients and patients, our core values will help us achieve our goals. We will be an organization that looks at innovation, continuous learning and improvement as an opportunity to provide improved programs and services. We will involve clients, patients and their families and listen to them in a respectful and caring manner. We will provide equitable treatment and access to care for all Saskatchewan residents, ensuring we are accountable and ethical in our decision making. Staff, clients and patients can expect a high quality, safe environment at our facilities and from all of our programs and services. We will also build a foundation of collegiality and teamwork throughout the Agency and the health care system to better serve clients and patients.

Strategic Plan



Beyond the Horizon: *Improving the Client, Patient and Family Experience*

Caring for Patients: Treatment and Support

Through the Allan Blair Cancer Centre in Regina and the Saskatoon Cancer Centre, patients have a team of experienced, skilled, and dedicated health professionals helping them understand their diagnosis and make choices on treatment and care.

Each cancer centre offers:

- psychosocial workers to help patients and families cope with the physical, financial and emotional impact of dealing with cancer
- a referral centre, operated by registered nurses, that processes new referrals and books patients for assessment
- chemotherapy and radiation therapy

Through the Blood and Marrow Transplant Program, located in Saskatoon, we provide assessments and treatment for patients with aggressive or advanced blood and circulatory system cancers.

We recognize the importance that family and community play in a patient's treatment and recovery. The Community Oncology Program of Saskatchewan (COPS) works together with the health regions to provide specific types of chemotherapy treatments in certified regional hospitals. COPS provides cancer patients with care, treatment and support in or closer to their home communities. There are 16 COPS centres located in regional hospitals throughout Saskatchewan (Estevan, Humboldt, Kindersley, Lloydminster, Meadow Lake, Melfort, Melville, Moose Jaw, Moosomin, Nipawin, North Battleford, Prince Albert, Swift Current, Tisdale, Weyburn, and Yorkton).

Distress Screening

While many cancer patients experience physical symptoms or side effects from surgery, treatment or the cancer itself, it's equally important to recognize that patients and their families experience emotional distress. In fact, research indicates that 35 to 40 per cent of cancer patients feel enough distress that they could benefit from additional support services (the prevalence of psychosocial distress by cancer site).

At the Agency we want to ensure that cancer patients and their families have access to the supportive services they need to help them deal with their diagnosis and their treatment. To help improve the experience of patients we began implementing a patient distress screening tool in December 2010. This one-page questionnaire helps record a patient's level of pain, depression, anxiety and fatigue.

"By determining how a patient is doing emotionally we can offer the supportive care and medical interventions necessary," said Denise Budz, Provincial Leader of Systemic Therapy and Chief Nursing Officer.

Nursing staff at the Agency are using the tool with patients at the start of each new patient appointment.

The goals of distress screening are:

- Normalize patient distress
- Ensure patients receive appropriate support as soon as possible
- Enhance communication between health care providers to ensure the best possible experience, care and outcome for the patient

Beyond the Horizon:
Improving the Client, Patient and Family Experience

Building a client, patient and family-centred approach to care

Providing access to safe, quality cancer care is an expectation of most people in this province. However, we want to go further and provide exceptional care with the client, patient and their family at the centre of every decision we make and action we take.

Over the last year, we've started to look at ways we can transform our care and services, as well as the lives of patients and their families when they receive a diagnosis of cancer. This starts with ensuring patients and their families have a voice not only about their care and treatment, but also about how that service is delivered.

We have established a Patient and Family Advisory Council (PFAC) with patients, family members and our own staff coming together to:

- Improve the patient and family experience
- Improve the relationship between patients, family and staff
- Channel information, ideas and needs of patients
- Provide input into services and programs

PFAC consists of 12 patient and family advisors from around the province and eight staff from the Agency.

The board and senior leadership of the Agency are committed to listening and serving patients and their families. It is a fundamental part of what the Agency stands for and the direction we are moving in.

"It is our hope that we can blend the voice of the patient with physicians and staff as we deliver safe, quality care," said Scott Livingstone CEO. "Patient and family-centred care is a work in progress, and as long as there are patients we need to do more each day."

Beyond the Horizon: Improving Access

One of the keys to ensuring that our patients have safe, quality care and improved access has been our oncologists and hematologists.

"I appreciate the work our physicians do each day," Scott Livingstone, CEO said. "They are an amazing group of individuals who have risen to the challenge when we experienced a shortage of staff and have helped make this an organization we can take pride in."

After an intensive recruitment effort, the Agency saw for the first time in many years a full complement of oncologists and hematologists.

"The competition on a national and international level for cancer specialists is intense," Livingstone said. "We are pleased that these talented and skilled professionals have joined our team in Saskatchewan and are contributing to the delivery of excellent care and research."

These highly trained specialists bring with them a wealth of experience and knowledge in medical and radiation oncology, pediatrics, gynecology, and hematology including stem cell transplants.

Recruitment and retention of our oncologists and hematologists helps improve access to care and continuity of care for patients.

Dr. Vijayananda Kundapur, Radiation Oncologist

Access to Care

Medical Oncology	Quarter 1 April-June	Quarter 2 July-September	Quarter 3 October-December	Quarter 4 January-March
Referral to first appointment	50 days	36 days	32 days	22 days
First appointment to first treatment	14 days	16 days	15 days	20 days

Radiation Oncology	Quarter 1 April-June	Quarter 2 July-September	Quarter 3 October-December	Quarter 4 January-March
Referral to first appointment	20 days	24 days	21 days	14 days
First appointment to first treatment	18 days	19 days	15 days	20 days

	Quarter 1 April-June	Quarter 2 July-September	Quarter 3 October-December	Quarter 4 January-March
Percentage of patients receiving radiation treatment within four weeks of being ready to treat	97%	98%	99%	98%

Definitions for Access to Care Tables

Median Days: The point at which half the patients have reached the point of care, and the other half are still waiting. The median wait time is a way of reflecting what a "typical" patient experienced in the time period reported.

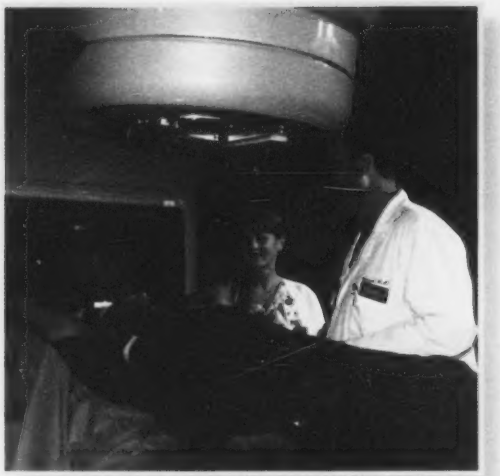
Referral Date: The date on which the patient referral is received in the Referral Centre (ABCC or SCC) by fax, mail or telephone. Referrals from one Agency specialty to another (e.g. referral by a medical oncologist to a radiation oncologist) must be made through the Referral Centre.

First Appointment: The date on which the patient is first seen in person by an Agency oncologist/hematologist for a particular diagnosis and specialty.

First Treatment Date: The date on which the patient begins definitive treatment (chemotherapy, radiation therapy or hormonal treatment) for a particular diagnosis and specialty.

Ready to Treat (RTT) Date: The date on which the patient is ready to receive treatment, taking into account clinical factors and patient preference. In the case of radiation therapy, any preparatory activities (e.g. simulation, treatment planning, dental work) do not delay the RTT date.

Beyond the Horizon: Improving Access



Lean Improves Access and Adds Value

As health care changes, we also find it necessary to look beyond the traditional way of delivering care to patients. Rather than having to schedule multiple days of appointments we are looking at ways to add value and ensure patients have the access they need.

Patients receiving radiation therapy at the centre in Saskatoon now have improved access to care thanks to a Lean initiative that looked at ways to reduce the time between the patient's first appointment with an oncologist and their CT planning appointment.

Lean, in health care, is an approach that increases efficiency in order to provide the highest level of care to the patient.

Using Lean, the Agency improved the average patient wait time between appointments by 92 per cent, or 5.5 days, simply by offering those patients who do not need any pre-treatment preparation the opportunity to receive their Computerized Tomography (CT) planning the same day as their first appointment with an oncologist. Through the CT simulation, images will be taken of the patient to accurately locate the area for treatment, which will help ensure radiation therapy is delivered in the most effective and precise way possible.

Patient/Family Testimonials on the Radiation Therapy Project

"I really appreciated not having to bring my dad back tomorrow."

"It was good not to have to make an extra trip to the city."

"Nice to have only one appointment."

In total 3,696 patient wait days will be saved annually. Approximately 50 per cent of all radiation therapy patients who go through CT planning can be offered same-day appointments.

"Our goal was to improve access to care for patients by reducing the number of appointments they need," Saskatchewan Cancer Agency CEO, Scott Livingstone said. "But we have also improved their overall experience and that is something our patients value."

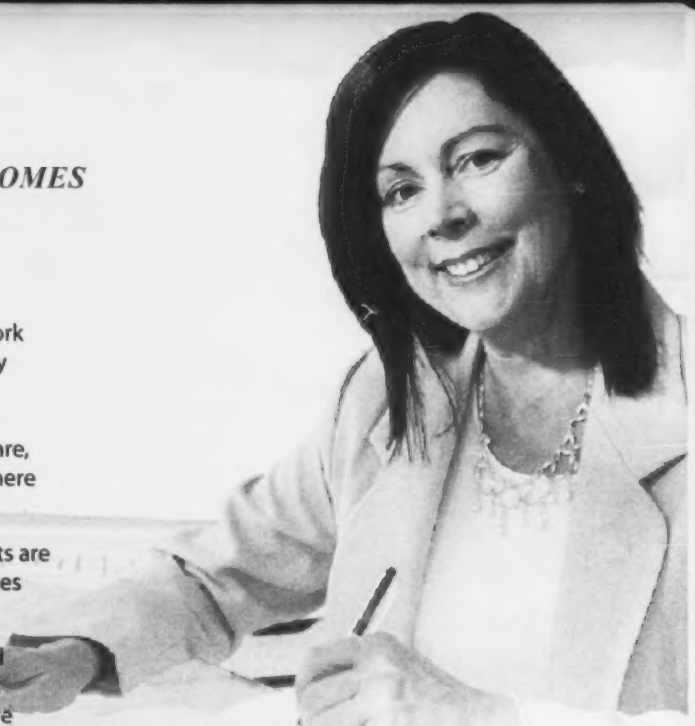
The success in Saskatoon meant that the Cancer Agency could make the same kind of changes in Regina to assist patients and reduce the number of appointments they needed to have at our cancer centres.

"I'm confident that by looking at Lean we can develop our processes in other areas that will help us to provide even better services to cancer patients," Livingstone said.

Radiation Therapy Lean Project

- Reduced average patient wait time by 20 per cent (which represents 95 per cent achievement of targeted reduction).
- Reduced radiation exposure for patients (which is a result of less scanning events being required)
- Reduced the total number of CT appointments required for breast cancer patients by 50 per cent (which means patients are not burdened with making two separate visits)
- 235 CT appointment slots reallocated (which means the equipment is now available for other procedures)
- Reduced breast verification process time by 41 per cent (which means that results are assessed more quickly)
- Reduced annual operating and repair costs by $17,500 (allowing money to be reinvested within the system)
- 0.11 FTE reallocated (which allows better use of staffing time)
- 33 process steps removed overall (which fosters improved process efficiency)

Beyond the Horizon:
Quality, Safety, Research and Outcomes



Unusual Occurrence Reporting

Concerted efforts were made in 2010-11 toward laying the groundwork for an electronic unusual occurrence management system. Once fully implemented in 2011-12, staff will be able to quickly and easily enter information regarding events that could have resulted in injury or damage to patients, staff or property that can help us improve our care, our workplace and look at potential areas where there are risks or where more education might be needed.

"The types of information recorded will ensure both staff and patients are safe, but will also encourage people to spot potential risks," said James Haney, Provincial Leader of Quality, Safety and Risk.

Moving to an electronic system will create a simple and standardized framework for entering, classifying and then responding to events in a timely manner. It will also help create a "Just Culture" where staff are accountable, but that recognizes that everyone makes mistakes occasionally and that systems are not infallible.

This tool will allow the Agency to look into the causes of the reported risks and improve the processes to avoid the same unusual occurrence from happening in the future.

"Safety is not just the responsibility of the Quality Safety and Risk Department. Everyone has a role to play," said Scott Livingstone, CEO.

Patients can play an important role in their own safety and help the Agency improve by pointing out potential safety issues whenever they spot them.

"Getting safety right should mean that we continually strive for zero preventable harm. Even one injury is one too many," said Livingstone.

Chemotherapy Unit, Allan Blair Cancer Centre

Beyond the Horizon:
Quality, Safety, Research and Outcomes

Mission Zero

The Agency has a good record when it comes to workplace injuries. In fact, we continue to have the lowest workers compensation claims of any health care organization in this province. But that does not mean the job of safety is done. We remain committed to reaching our target of zero workplace injuries.

"Every workers' health and safety is a priority for the Agency. No injury is acceptable," said Scott Livingstone, CEO.

The Agency has developed systems such as the ergonomic toolkit and increased training programs such as Transferring, Lifting and Repositioning (TLR) to help ensure the health and safety of employees.

"A safe workplace is a combination of everyone from frontline workers to senior leaders working together to reach 'Mission Zero'," Livingstone said.

Measures	2010/11	Target
Number of lost-time WCB claims per 100 FTEs	.57	<1.0

Chris Burke, Supervisor of Transcription

Emergency/Disaster Management and Planning

The Agency has formally adopted the Incident Command System (ICS) as the mechanism to deal with emergencies, disasters and work stoppages.

"A key component of any emergency plan is a strong framework that ensures communication and immediate action can take place no matter what type of internal or external crisis takes place," said Scott Livingstone, CEO. "We've worked together as a team to ensure we all understand the ICS format and can implement it quickly if needed. Staff and patients can take comfort knowing we are prepared to deal with any emergency situation that may arise."

Leave of Absence

Absenteeism among health care workers is a concern for employers and for patients. It is also costly to an organization and can result in decreased standards of care. Due to the nature of our work with patients, replacement staff are generally required if someone is absent. The Cancer Agency has typically had fairly low absenteeism; however, we are still looking at strategies that will even further reduce the costs associated with sick time as well as work-related injuries.

Although our first priority is putting the patient first and providing the very best health care possible, it is equally important that staff health be a focus of the Cancer Agency. Staff in all sites now have access to an employee health nurse who is able to assist them with health issues. In addition, the Agency's Employee Family Assistance Program (EFAP) offers free counselling to employees and their families to help resolve personal difficulties.

Measures	2010/11	Target
Number of sick leave hours per full-time equivalent (FTE)[1]	68.26	50.61
Number of wage-driven premium hours (overtime and other premiums) per FTE	13.42	12.06

1. The Agency is well below the provincial average target of 80 hours.

Beyond the Horizon:
Quality, Safety, Research and Outcomes

Looking beyond our four walls in Research

Just as the care of a patient takes multiple individuals to be effective, research also needs strong relationships if it is to be successful.

In December 2010 the Cancer Agency joined CancerCare Manitoba and the University of Manitoba to form the Terry Fox Research Institute's Prairie Node.

Over the past decades, billions of dollars have been invested in cancer research throughout the world. While significant progress has been made in the treatment of certain forms of cancer, unfortunately we are still seeing more than 173,000 Canadians diagnosed and 76,000 Canadians dying of cancer each year. Clearly we are just scratching the surface with regard to research that will effectively cure or improve outcomes.

The establishment of the Terry Fox Research Institute Prairie Node opens up opportunities for Saskatchewan researchers to make a difference in the fight against cancer that translates into real-world benefits for cancer patients.

The very fact that so many cancer research organizations are participating in not just the Prairie Node but the other nodes in Canada represents a new commitment to working collaboratively to make stronger, more effective investments in research that will benefit more Canadians than ever.

"We are pleased to be a partner in the new Prairie Node of the Terry Fox Research Institute," said Dr. Stewart McMillan, chair of the Saskatchewan Cancer Agency Board. "Through this initiative, Saskatchewan researchers will have the opportunity to participate in and collaborate with other individuals toward making a real difference in the fight against cancer."

Dr. Svein Carlsen, Vice President, Research

Dr. Stewart McMillan (second from left), Chair of the Agency Board Directors, at the launch of the Prairie Node

Beyond the Horizon: *Prevention and Early Detection*

Prevention—Building Healthier people, families and communities

Cancer is not just one disease, but a large group of various types of diseases.

According to Statistics Canada, cancer is now the leading cause of death for Canadians. In Saskatchewan, approximately 14 people are diagnosed with cancer every day and seven people die from the disease daily. The number of new cancers diagnosed each year is increasing throughout Canada and Saskatchewan, a trend that is expected to continue given an aging and growing population.

At least half of all cancers are preventable through healthier lifestyles such as:

- Eating healthy foods
- Being physically active
- Maintaining a healthy body weight
- Practicing sun safety
- Avoiding the use of tobacco
- Limiting alcohol consumption

Since many risk factors for cancer are common to other diseases, the probable economic and human life savings is significantly greater than that for cancer alone. By controlling these risk factors there would also be a positive impact on the occurrence of heart disease and stroke, lung disease and diabetes.

The Cost

The burden cancer puts on the health care system continues to grow as the number who need care increases. The cost of cancer is associated with treatment, care and rehabilitation from the disease, as well as decreased production at work due to sick leave or premature death, increased health insurance premiums, and non-medical expenses such as transportation.

During the five years after people are diagnosed, their use of the health system includes treatment, rehabilitation, psychosocial support, and palliative care. Years after diagnosis, disease-free patients still require regular follow-up to detect any recurrences.

"Prevention is clearly a cost effective approach to reducing the burden of cancer on the province with clear financial savings, an improved quality of life for individuals, and a reduction in death and cancer rate," said Dr. Jon Tonita, Vice President of Population Health.

Beyond the Horizon:
Prevention and Early Detection

Collaboration: Together We Can Make A Difference

Cancer prevention is truly everyone's responsibility and requires a coordinated and collaborative approach. It also requires the support and leadership of governments, health care organizations, and other partners.

People and organizations in Saskatchewan, Canada and around the world are joining together to make cancer prevention a priority. When it comes to cancer prevention, some efforts are already being made:

- Tobacco reduction strategy
- Skin Cancer Prevention Coalition, who have since changed their name to Sun Smart Saskatchewan
- Evidence-based cancer and chronic disease prevention curriculum for First Nations youth

Cervical Cancer Awareness

For the first time, Saskatchewan participated in the National Pap Test Campaign during Cervical Cancer Awareness Week. Together with doctors and nurse practitioners, the Cancer Agency's Prevention Program for Cervical Cancer is improving access to cervical screening in local clinics throughout the province.

For one week in October, women were able to get a Pap test at a participating clinic by drop-in or appointment, even if that was not their regular medical office or doctor.

"Cervical cancer is highly preventable with regular screening," said Jenny Colin, Manager of the Prevention Program for Cervical Cancer. "Our goal was to make it easy for women to get a Pap test by simply contacting a participating clinic in her health region."

Pap test clinics were offered in 63 facilities in 30 communities throughout Saskatchewan.

"A Pap test takes precious little time to have done, but it could save a woman's life," Colin said. "Having a regular Pap test can help detect and find cancer at an early stage when treatments are most successful."

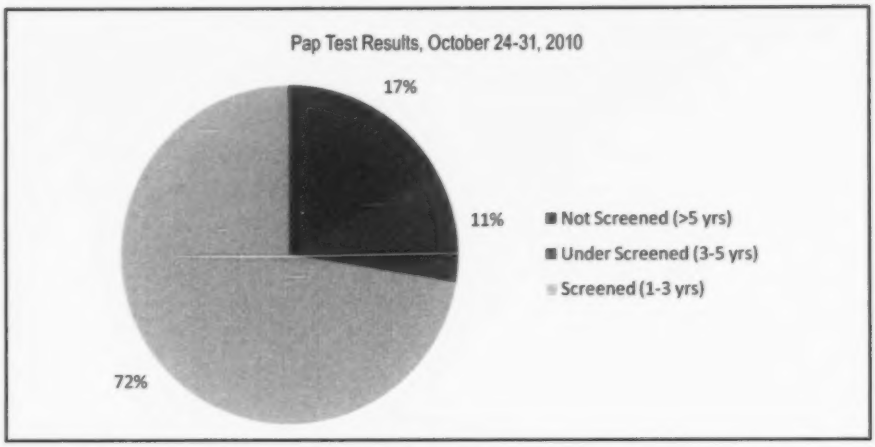
Cervical cancer is the third most common cause of cancer in Saskatchewan women. Approximately 80 per cent of cervical cancers, which are generally caused by the Human Papillomavirus (HPV), can be prevented with regular Pap tests, but each year approximately 35 women in Saskatchewan are diagnosed with invasive cervical cancer and 10 will die from it. Annually, screening helps detect just over 450 pre-invasive cervical cancers, which includes carcinoma in situ, CIN grade 3, CIN grade 2, and adenocarcinoma in situ.

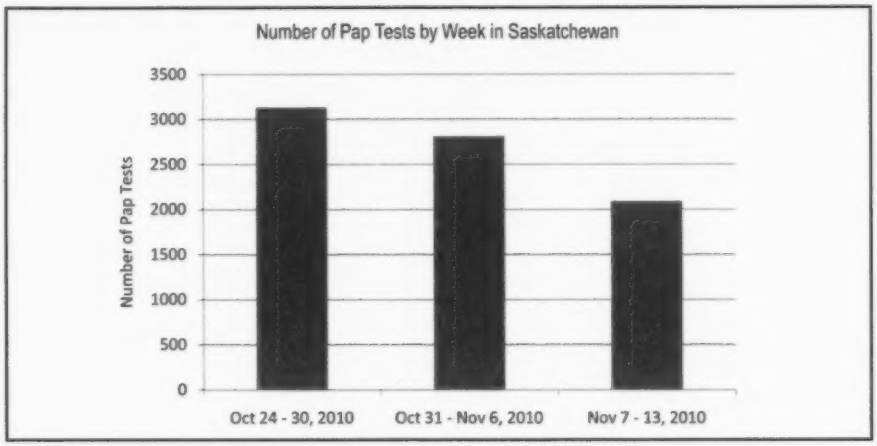
A total of 3,128 Pap tests were performed between October 24-30 with about 650 of those done at registered clinics.

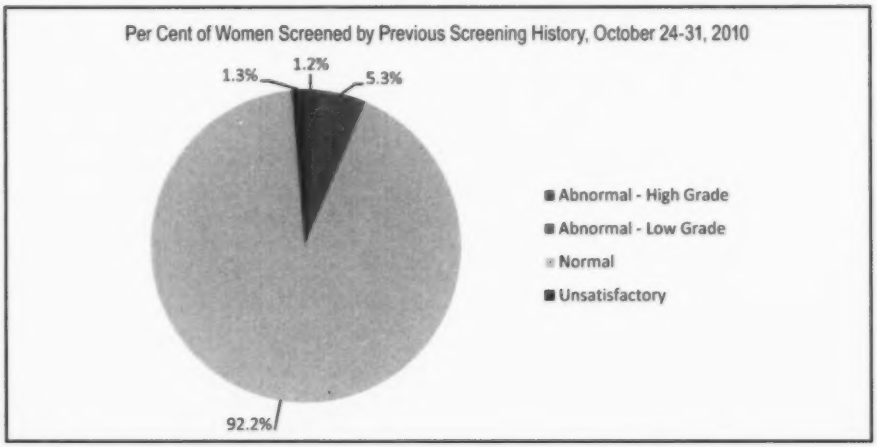
About 28 per cent of the Pap tests were done for women who were under-screened or who had never been screened before.

Beyond the Horizon:
Prevention and Early Detection

Pap Test Week, October 24-31, 2010







Beyond the Horizon:
Prevention and Early Detection

Screening Program for Colorectal Cancer Expands

Thanks to funding from the provincial government, the Cancer Agency was able to continue to expand its Screening Program for Colorectal Cancer.

In 2009 the Five Hills Health Region became the first area where men and women between the ages of 50 and 74 were mailed Fecal Immunochemical Test (FIT) kits. This easy-to-use home kit has the potential to save lives.

"We are already seeing positive results from the screening program for people in Five Hills. 74 individuals have had a pre-cancerous polyp removed which means that they will not have to undergo invasive cancer treatment or surgery," said Sandra Meeres, Manager of the Screening Program for Colorectal Cancer.

Colorectal cancer is over 90 per cent preventable and easily treated when found in the early stages.

"The participation rates have been better than we could have hoped for," said Dr. Jon Tonita, Vice President of Population Health. "And with such a great start we are optimistic we will see the same kind of results as we continue to roll out the program across the province."

In March 2011, the Kelsey Trail Health Region became the next area of the province to move forward with the screening program. By 2012-13 the program is expected to be available province-wide.

Results from Five Hills Health Region

Participation Results as of January 2011		
Measure	12 months	Year 1 Targets
Invitations mailed	7,675	6,000
Responded Completed FIT screening Ineligible	49.5% 36.5% 13%	30% 25%
No response	49.5%	
Opted out	<1%	<2%
Positivity (abnormal screens)	7.4%	5-8%

Abnormal Results for Phase 1 as of January 2011			
Measure	Frequency	Percentage	Target
Abnormals (positive test)	206/2800	7.4	5-8
Abnormals with follow up in progress	37/206	18	-
Abnormals with complete follow up	169/206	82	-

Results for Completed Follow Ups		
Measure	Frequency	Percentage
Normal	47/169	27.8
Adenoma or cancer*	82	48.5
Benign polyps	15	8.9
Bowel disease	11	635
Other	14	8.3

*Carcinoma = 8 Tubulovillous or villous adenoma = 74

Program Expansion Roll-out

Region	Date for Expansion
Kelsey Trail	March 2011
North (Athabasca, Mamawetan Churchill, Keewatin Yatthe) including the communities of Pinehouse, Creighton, Flin Flon, Denare Beach, Ile a La Crosse, Stony Rapids, Uranium City, Camsel Portage, Stanley Mission, English River reserve, Patuanak, Buffalo River reserve, Michel Village and St. George's Hill	May 2011
Regina Qu'Appelle	June 2011
Prairie North	September 2011
Sun Country	Fall 2011
Saskatoon	April 2012
Prince Albert Parkland	2012
Heartland	2012
Sunrise	2012
Cypress	2012

Beyond the Horizon:
Prevention and Early Detection

Screening Program for Breast Cancer Celebrates 20 Years of Saving Lives

Scott Livingstone, CEO; Dr. Stewart McMillan, Board Chair; Sangeeta Gupta, Manager Screening Program for Breast Cancer; Dr. Jon Tonita, Vice President Population Health

2010 marked an important milestone for the Cancer Agency as it celebrated the 20th anniversary of the Screening Program for Breast Cancer.

"Knowing that for 20 years we have been helping save women's lives through screening mammograms is very rewarding," said Sangeeta Gupta, Manager of the Screening Program for Breast Cancer. "With regular screening, changes in the breast can be detected even when they are too small to be seen or felt. Finding cancer in its earliest stages is when treatment is the most effective."

Breast cancer is the most commonly diagnosed cancer in women. Each year, an estimated 630 Saskatchewan women will be diagnosed with breast cancer, and 150 will die of the disease. Saskatchewan has one of the lowest age-standardized mortality rates for breast cancer in Canada.

Each year, the screening program provides mammograms to more than 38,000 women. The program operates two permanent sites (Regina and Saskatoon), and works with partners in five regional sites (Yorkton, Moose Jaw, Swift Current, North Battleford and Prince Albert). A mobile bus also travels to rural and remote areas of the province on a two-year cycle.

Through our Screening Program for Breast Cancer, approximately 75 per cent of breast cancers diagnosed are early stage. There has also been a 36 per cent reduction in breast cancer mortality rom 1990 to 2007. From 1990 to 2009, a total of 2,591 cancers have been detected in women between the ages of 50-69. We have also performed 487,684 screening mammograms.

Screening Program for Breast Cancer Mobile Bus and the Mobile's Digital Mammography Equipment

Facing the Challenges and Welcoming the Opportunities of a Changing World of Healthcare

As the Agency continues providing cancer control for the people of Saskatchewan there are challenges and a variety of factors that influence our work and priorities.

Infrastructure

The demands on the Saskatchewan Cancer Agency to provide care, services and programs to patients and their families continues to grow steadily as cancer rates have risen over the years. Anticipating no significant decline in service going forward, the Cancer Agency is looking closely at our infrastructure needs to see how supply meets demand.

"Like many health care organizations, we are clearly feeling stretched and need to find creative solutions to address our need for more space throughout our facilities," said Kevin Lacey, Vice President of Corporate Services. "We've been successful in our recruitment endeavours to address the demand for services, but now we need to ensure that we have the space, equipment and support systems in place to not only do the work today, but to sustain it into the future."

The Agency has been working with stakeholders in the Regina Qu'Appelle and Saskatoon health regions to look at what effective and affordable solutions are available that will meet everyone's needs.

This year a one-day facilities planning day was held asking not only regional partners, but staff from a variety of divisions and areas, to talk realistically about the challenges we face and how we can better use the space we currently have available. Staff and partners rose to the challenge and many viable ideas that were brought forward are being considered and pursued.

"There is no easy, quick solution," Lacey says. "But working together we are aware of the challenge and will continue to discuss solutions that will benefit everyone, most importantly our patients and their families."

Culturally Sensitive Care

Saskatchewan is a multicultural province and the care provided needs to meet patients needs and be culturally sensitive where appropriate. Working with the Patient and Family Advisory Council we will continue to examine how we can best meet the needs of patients and work with First Nations and Métis communities to bridge the gap between modern medicine and long held cultural beliefs, so that the patient not only receives the very best care, but also is comfortable in knowing that they have a voice.

Sustainability

Saskatchewan has continued to invest more funds each year into health care, but the reality of the situation is that large increases are not sustainable given the multitude of competing priorities. In the coming years it will be a challenge for government to balance fiscal restraint with the need to protect important services. Looking toward building a healthier population and preventing cancer has the potential to reduce the burden of cancer care.

End of Life Care and Ethics

Appropriate end of life strategies need to be considered as part of a patient's care. Historically, health care systems do not do a good job of assisting people at the end of their lives, but rather focus on wellness strategies. With a growing and aging population, all aspects of health care – from birth to death – need to be part of the continuum of care.

We are working with the Saskatoon Health Region on putting together an ethics foundation that will help us to make not only the right decision, but to help engage patients and families in the discussion about what type of care is the most appropriate at each stage of the patient's journey. These are not easy conversations, but they are necessary and need to be based on a common understanding of where our values lie as an Agency.

Facing the Challenges and Welcoming the Opportunities of a Changing World of Healthcare

Opportunities

Within health care there is also an opportunity for improvements and a new focus that is centred on the patient.

Prevention

An opportunity exists to reduce the overall burden of cancer on patients and on budgets through prevention. A chronic disease prevention strategy that engages First Nations communities, government partners, education facilities and other interested organizations could have a positive impact on the way the Agency uses resources and how Saskatchewan people care for their own health.

Cancer prevention often starts with healthy living. In fact, research shows that at least 50 per cent of cancers can be prevented through a healthier lifestyle such as eating healthy foods, keeping a healthy body weight, staying physically active, practicing sun safety, and avoiding the use of tobacco. Everyone has a role to play in their own health, and the Cancer Agency is committed to supporting the efforts of Saskatchewan people to prevent cancer and live a healthy fulfilling life.

Lean

Using Lean as a method to add value and be efficient, the Cancer Agency will continue to work to improve the patient/client and family experience. Lean allows us to better use our resources and gives frontline staff who know and see what is and is not working for patients and clients the opportunity to make things better.

Cancer Research

Finding a cure for cancer is an ambitious goal, and one we all hope is attainable in the future. However, a more short-term objective for researchers is that cancers that may be fatal today become ones in which the survival rate increases significantly.

Cancer research is an important aspect of the Cancer Agency. The Agency's scientists and researchers conduct and participate in world-class research including:

- biomedical research to understand how cancer develops and how to treat it
- clinical trials to test new and emerging treatments
- epidemiology research with the intent to minimize the impact of cancer, enhance wellness, and reduce morbidity and mortality from cancer through increased understanding of cancer causes, prevention and control

The Agency works together with the University of Saskatchewan in a variety of research areas and also has a unique opportunity to conduct additional studies with the Canadian Light Source (synchrotron) which is located close to the Agency's facility.

Financial Summary

In 2010-11, the Saskatchewan Cancer Agency incurred revenues and expenditures of $115.4 million, thus resulting in a break even financial position in the Operating Fund. During the year, the Ministry of Health authorized the Agency to use up to $2.0 million in drug funding set aside for unforeseen drug approvals to pay for increased patient needs and service volumes, and to balance its operating budget. The Agency has used about $1.1 million for this purpose. The Ministry of Health authorized the remaining funds be used to cover the cost of new drugs or new drug indications that will be added to the Agency's drug formulary in 2011-12. Therefore, about $0.9 million has been deferred to cover 2011-12 drug costs. The Operating Fund balance as at March 31, 2011 represents 7.6 days of working capital and a good financial position.

Revenues in the Operating Fund were $1.9 million greater than budget primarily due to receiving retroactive salary payments for physicians related to the April 1, 2009 to March 31, 2013 Saskatchewan Medical Association Agreement. The Agency had approved the 2010-11 budgets to reflect a $1.2 million deficit reflecting known unfunded expenditures related to patient access and service needs. Expenditures for 2010-11 were approximately $650,000 greater than was budgeted due to the retroactive salary payments for physicians indicated above. This over expenditure for salary was mostly offset by drug expenditures being under budget ($975,000). Several variables have an impact on the cost of drugs, including the timing of new drug programs, the number of oncologists prescribing the drugs, and the variable types of cancer cases seen and treatment options delivered. In 2010-11, anticipated drug approvals by the national Joint Oncology Drug Review panel did not occur, therefore are reflected in the under expenditure detailed above.

The revenues in the Capital Fund are $2.5 million over budget due to receiving $2.4 million in March 2011 for the purchase of brachytherapy equipment in Saskatoon, digital mammography equipment in Regina, a head and neck tower in Regina, and an orthovoltage machine in Saskatoon. This equipment is expected to be purchased in 2011-12. The Agency's operations continue to be heavily dependent on equipment and technology. It is important that this equipment remain current and be replaced at the end of its expected useful life to avoid the risk of equipment failure and technological obsolescence. Service contracts and in-house staff are used to maintain the equipment and maximize its useful life. Contingency plans have also been developed in the event of a prolonged breakdown of equipment.

Advances in treatment and technology continue to emerge, which creates pressure to acquire new equipment technology on a timely basis. We monitor our equipment needs, allocate capital funding to high-priority areas and communicate additional funding requirements to the Ministry of Health through the annual planning process. The Agency completed a full capital asset count in 2010-11 to confirm our current complement of equipment and assess age and obsolescence. This information will be used as a foundation for an updated 10-year plan for capital requirements that will be sent to the Ministry of Health in 2011-12.

The need for additional space to accommodate increasing workloads and expanding programs and services is an urgent priority. The Agency is committed to using innovative planning methods and tools to ensure the Agency maximizes the space we currently occupy.

Management Report

The accompanying financial statements are the responsibility of management and have been approved in principle by the Agency's Board of Directors. The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and, of necessity, include some amounts that are based on estimates and judgments. The financial information presented in the Financial Summary and elsewhere in this report is consistent with that in the financial statements.

Management maintains an appropriate system of internal control, including policies and procedures, which provide reasonable assurances that the Agency's assets are safeguarded and that financial records are relevant and reliable.

The Board of Directors carries out its responsibility for the financial statements and for overseeing management's financial reporting responsibilities by meeting with management to discuss and review financial matters. The Provincial Auditor of Saskatchewan has full and open access to the Board of Directors.

The Provincial Auditor of Saskatchewan conducts an independent audit of the financial statements. Their examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures which allow them to report on the fairness of the financial statements. The Auditor's Report outlines the scope of their audit and their opinion.

On behalf of management,

Scott Livingstone
Chief Executive Officer

Michele Arscott, CA
Chief Financial Officer

June 27, 2011

Independent Auditor's Report

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of the Saskatchewan Cancer Agency, which comprise the statement of financial position as at March 31, 2011, and the statement of operations and changes in fund balances and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

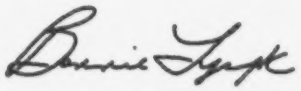
My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of the Saskatchewan Cancer Agency as at March 31, 2011, and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Regina, Saskatchewan
June 22, 2011

Bonnie Lysyk, MBA, CA•CIA
Provincial Auditor

Statement 1

SASKATCHEWAN CANCER AGENCY
STATEMENT OF FINANCIAL POSITION
As at March 31

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Research Fund	Restricted Funds: Trust Fund	Total 2011	Total 2010 (Note 13)
ASSETS						
Current Assets						
Cash and short-term investments (Schedule 1)	$ 6,791,213	$ 6,665,931	$ 267,001	$ 3,112,697	$ 16,836,842	$ 10,835,738
Accounts receivable:						
- Ministry of Health – General Revenue Fund	927,036	---	---	---	927,036	148,733
- Other	1,493,740	16,625	---	24,601	1,534,966	752,281
Inventory	3,748,947	---	---	---	3,748,947	3,137,318
Prepaid expenses	391,250	---	---	16,648	407,898	369,424
Due (to) from other funds	44,433	186,867	(45,130)	(186,170)	---	---
	13,396,619	6,869,423	221,871	2,967,776	23,455,689	15,243,494
Investments (Schedule 1)	4,717,008	1,739,627	---	1,540,532	7,997,167	8,481,344
Capital assets (Note 4)	---	22,548,907	---	---	22,548,907	25,709,724
Total Assets	$ 18,113,627	$ 31,157,957	$ 221,871	$ 4,508,308	$ 54,001,763	$ 49,434,562
LIABILITIES & FUND BALANCE						
Current Liabilities						
Accounts payable	$ 3,800,816	$ 198,033	$ 3,572	$ 38,211	$ 4,040,632	$ 5,323,790
Accrued salaries	4,824,544	---	---	---	4,824,544	2,389,231
Vacation payable	1,350,827	---	1,775	30	1,352,632	1,469,375
Deferred revenue (Note 7)	5,731,450	---	---	---	5,731,450	1,743,278
	15,707,637	198,033	5,347	38,241	15,949,258	10,925,674
Fund Balances						
Invested in capital assets	---	22,548,907	---	---	22,548,907	25,709,724
Externally restricted (Schedule 2)	---	7,698,479	216,524	3,624,239	11,539,242	8,908,975
Internally restricted (Schedule 3)	2,405,990	712,538	---	845,828	3,964,356	3,890,189
Fund balances	2,405,990	30,959,924	216,524	4,470,067	38,052,505	38,508,888
Total Liabilities & Fund Balance	$ 18,113,627	$ 31,157,957	$ 221,871	$ 4,508,308	$ 54,001,763	$ 49,434,562

(The accompanying notes and schedules are part of these financial statements.)

Statement 2

SASKATCHEWAN CANCER AGENCY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	Total 2011	Total 2010	Capital Fund 2011	Research Fund 2011	Trust Fund 2011	Total 2011	Total 2010
REVENUES							
Ministry of Health – General Revenue Fund	$ 112,604,568	$ 100,518,557	$ 2,445,000	$ ---	$ ---	$ 2,445,000	$ 4,152,507
Grants	656,215	502,029	---	---	---	---	---
Donations and bequests	---	---	---	---	2,279,501	2,279,501	1,450,578
Investment income	261,197	234,355	108,356	2,539	83,320	194,215	164,275
Unrealized gain (loss) – Financial instruments	56,308	84,040	1,425	---	(4,310)	(2,885)	(5,042)
Other revenues	1,845,952	1,557,634	3,910	---	---	3,910	---
	115,424,240	102,896,615	2,558,691	2,539	2,358,511	4,919,741	5,762,318
EXPENSES							
Salaries and employee benefits	60,197,450	54,633,948	---	---	193,753	193,753	150,619
Drugs and medical supplies	44,228,643	38,350,071	---	---	---	---	---
Purchased services	1,981,579	1,930,007	---	---	---	---	---
Other expenses	9,016,568	8,578,585	---	---	498,656	498,656	327,308
Research grants (Schedule 4)	---	---	---	330,179	---	330,179	335,417
Amortization	---	---	4,286,230	---	---	4,286,230	4,621,599
Loss/(gain) on disposal of capital assets	---	---	67,306	---	---	67,306	(12,741)
	115,424,240	103,492,611	4,353,536	330,179	692,409	5,376,124	5,422,202
Excess (deficiency) of revenues over expenses (Note 7)	---	(595,996)	(1,794,845)	(327,640)	1,666,102	(456,383)	340,116
Fund balances, beginning of year	2,405,990	3,121,745	32,543,279	419,244	3,140,375	36,102,898	35,643,023
Interfund transfers (Note 8)	---	(119,759)	211,490	124,920	(336,410)	---	119,759
Fund balances, end of year	$ 2,405,990	$ 2,405,990	$ 30,959,924	$ 216,524	$ 4,470,067	$ 35,646,515	$ 36,102,898

(The accompanying notes and schedules are part of these financial statements.)

Statement 3

SASKATCHEWAN CANCER AGENCY
STATEMENT OF CASH FLOWS
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	2011	2010	Capital Fund	Research Fund	Trust Fund	Total 2011	Total 2010
Cash provided by (used in):	**Operating Activities**		**Financing and Investing Activities**				
Excess (deficiency) of revenues over expenses	$ —	$ (595,996)	$ (1,794,845)	$ (327,640)	$ 1,666,102	$ (456,383)	$ 340,116
Net change in non-cash working capital (Note 3)	3,521,677	15,429	(701,601)	(20,593)	13,011	(709,183)	1,279,751
Amortization of capital assets	—	—	4,286,230	—	—	4,286,230	4,621,599
Loss/(gain) on disposal of capital assets	—	—	67,306	—	—	67,306	(12,741)
	3,521,677	(580,567)	1,857,090	(348,233)	1,679,113	3,187,970	6,228,725
Purchase of capital assets							
Buildings/construction	—	—	(225,186)	—	—	(225,186)	(1,242,250)
Equipment	—	—	(973,513)	—	—	(973,513)	(2,808,095)
Proceeds on disposal of capital assets							
Equipment	—	—	5,979	—	—	5,979	23,771
	—	—	(1,192,720)	—	—	(1,192,720)	(4,026,574)
Net acquisition of investments	481,292	432,989	(1,425)	—	4,310	2,885	(7,908)
Net increase (decrease) in cash and short-term investments during the year	4,002,969	(147,578)	662,945	(348,233)	1,683,423	1,998,135	2,194,243
Cash and short-term investments, beginning of year	2,788,244	3,055,581	5,791,496	490,314	1,765,684	8,047,494	5,733,492
Interfund transfers (Note 8)	—	(119,759)	211,490	124,920	(336,410)	—	119,759
Cash and short-term investments, end of year	$ 6,791,213	$ 2,788,244	$ 6,665,931	$ 267,001	$ 3,112,697	$ 10,045,629	$ 8,047,494
Amounts in cash balances							
Cash and short-term investments	$ 6,791,213	$ 2,788,244	$ 6,665,931	$ 267,001	$ 3,112,697	$ 10,045,629	$ 8,047,494

(The accompanying notes and schedules are part of these financial statements.)

SASKATCHEWAN CANCER AGENCY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2011

1. Legislative Authority

The Saskatchewan Cancer Foundation commenced operations on August 1, 1979 under the provisions of *The Cancer Foundation Act*. Effective January 2, 2007, it continued as a corporation under the name of the Saskatchewan Cancer Agency (Agency), pursuant to *The Cancer Agency Act*. The Agency is responsible for the planning, organization, delivery and evaluation of cancer care services throughout Saskatchewan in collaboration with regional health authorities and health care organizations.

The Agency is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

2. Significant Accounting Policies

The Agency is classified as a government not-for-profit organization. These financial statements have been prepared in accordance with Canadian generally accepted accounting principles applicable to not-for-profit entities and include the following significant policies:

a) Fund Accounting

The accounts of the Agency are maintained in accordance with the restricted fund method of accounting. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The Operating Fund reflects the primary operations of the Agency including contributions from the Ministry of Health - General Revenue Fund for the provision of health services. Other revenues consist of recoveries, ancillary revenue and billings to patients and other organizations.

ii) Capital Fund

The Capital Fund is a restricted fund that reflects the equity of the Agency in capital assets. The Capital Fund includes contributions from the Ministry of Health - General Revenue Fund designated for construction of capital projects and the acquisition of capital equipment. Expenses consist primarily of amortization of capital assets.

iii) Research Fund

The Research Fund is a restricted fund that supports the awarding of cancer research grants. The research fund includes contributions from research donations transferred from the Trust Fund and investment income of the Research Fund.

iv) Trust Fund

The Trust Fund is a restricted fund that accepts donations and contributions designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Agency maintains a record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized.

b) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized in the year as revenue of the appropriate restricted fund.

c) Investments

Investments are valued at fair value.

d) Inventory

Inventory consists of chemotherapy drugs valued at cost as determined on the average cost method.

e) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	20 years
Leasehold improvements	3 - 20 years
Equipment and furniture	4 - 15 years

Donated capital assets are recorded at their fair value at the date of contribution.

f) Asset Retirement Obligations

Asset retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

g) Pension

Employees of the Agency participate primarily in the Public Employees' Pension Plan (a related party) which is a defined contribution pension plan. The Agency follows defined contribution plan accounting for its participation in the plan. Accordingly, the Agency expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses, and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

i) Financial Instruments

The Agency has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the Agency's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.

As at March 31, 2011 (2010 – none), the Agency does not have any outstanding contracts or financial instruments with embedded derivatives.

The Agency is exposed to financial risks as a result of financial instruments. The Agency has policies and procedures in place to mitigate the associated risks (see Note 11). The risks the Agency is exposed to are:

i) Price risks which include:
- Currency risk - affected by changes in foreign exchange rates.
- Interest rate risk - affected by changes in market interest rates.
- Market risk - affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.

ii) Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

iii) Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result in an inability to sell a financial asset quickly at close to its fair value.

iv) Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

3. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds				
	2011	2010	Capital Fund	Research Fund	Trust Fund	Total 2011	Total 2010
(Increase) decrease in accounts receivable	$ (1,559,002)	$ 411,875	$ -	$ 14	$ (2,000)	$ (1,986)	$ 5,387
(Increase) in inventory	(611,629)	(86,796)	-	-	-	-	-
(Increase) decrease in prepaid expenses	(37,101)	167,095	-	-	(1,373)	(1,373)	(14,747)
(Increase) decrease in due (to) from other funds	601,146	(1,405,629)	(582,504)	(21,046)	2,402	(601,148)	1,405,629
Increase (decrease) in accounts payable	(1,178,754)	1,408,014	(119,097)	(86)	14,782	(104,401)	(116,474)
Increase in accrued salaries	2,435,313	421,897	-	-	-	-	-
Increase (decrease) in vacation payable	(116,468)	(68,171)	-	525	(800)	(275)	(44)
Increase (decrease) in deferred revenue	3,988,172	(832,856)	-	-	-	-	-
	$ 3,521,677	$ 15,429	$ (701,601)	$ (20,593)	$ 13,011	$ (709,183)	$ 1,279,751

4. Capital Assets

	March 31, 2011			March 31, 2010
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land and Improvements	$ 280,297	$ —	$ 280,297	$ 280,297
Buildings	20,252,402	18,608,778	1,643,624	1,492,543
Leasehold Improvements	15,398,033	9,118,907	6,279,126	7,222,777
Equipment and Furniture	36,304,964	21,959,104	14,345,860	16,714,107
	$ 72,235,696	$ 49,686,789	$ 22,548,907	$ 25,709,724

Work in progress amount included in the assets above is $539,411. This amount was not amortized in 2010/11.

5. Commitments

a) Capital Assets Acquisitions

At March 31, 2011, commitments for acquisition of capital assets are $4,180,576 (2010 - $773,033).

b) Operating Leases

Minimum annual payments under operating leases on property over the next five years are as follows:

2012	$ 731,045
2013	629,940
2014	210,594
2015	120,758
2016	108,016

c) Asset Retirement Obligations

The Agency does not have any significant liability for asset retirement obligations. Asset retirement costs are associated with the removal of radiation sources from the Cancer Centres. As these costs are not significant, they will be expensed in the period in which they are incurred.

d) Contracted Health Services Operators

The Agency continues to contract on an ongoing basis with the Regional Health Authorities to provide some services such as lab tests, diagnostic radiology and housekeeping and maintenance services for the Agency. The Agency contracted services in the year ended March 31, 2011 amounting to $6,127,861 (2010 - $5,941,613).

6. Cancer Patient Lodges

The Canadian Cancer Society, Saskatchewan Division, previously donated two cancer patient lodges in the Province to the Agency. Under the terms of an agreement with the Society, the Agency has assumed responsibility for the operations of these lodges. Title to the properties will remain with the Agency so long as they are operated as cancer patient lodges. If the Agency ceases to use the buildings as patient lodges, title of those buildings will be transferred to the Society without charge.

7. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Ministry of Health Initiatives				
Ministry of Health - General Revenue Fund				
- Aboriginal awareness training	$ 25,121	$ (634)	$ 5,000	$ 29,487
- Professional development initiatives	23,283	(13,927)	—	9,356
- Quality workplace initiatives	122,345	(47,725)	4,000	78,620
- Colorectal screening initiatives	114,272	—	870,000	984,272
- Nurse safety training initiatives	6,920	(6,920)	—	—
- Access to care initiatives	—	—	2,300,000	2,300,000
- Drug funding*	1,204,832	—	931,193	2,136,025
- Infection control	20,000	—	18,000	38,000
- Prostate pathways initiative	—	—	20,000	20,000
- IPFCC training	—	—	10,000	10,000
Total Ministry of Health Initiatives	1,516,773	(69,206)	4,158,193	5,605,760
Non-Ministry of Health Initiatives				
Other revenue received in advance	226,505	(100,815)	—	125,690
Total Non-Ministry of Health Initiatives	226,505	(100,815)	—	125,690
Total Deferred Revenue	**$ 1,743,278**	**$ (170,021)**	**$4,158,193**	**$ 5,731,450**

*During the year, the Ministry of Health authorized the Agency to use up to $2 million in drug funding to pay for increased patient needs and service volumes, and to balance its operating budget. The Agency has used about $1.1 million for this purpose. The Ministry of Health authorized the remaining funds to be used to cover the cost of new drugs or new drug indications that will be added to the Agency's drug formulary in 2011-12. Therefore, about $0.9 million has been deferred to cover 2011-12 drug costs.

8. Interfund Transfers

Each year the Agency transfers amounts between its funds for various purposes. These include funding current and future capital asset purchases, research grants and reassigning fund balances to support certain activities.

	2011			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ —	$ 211,490	$ —	$ (211,490)
Research grants	—	—	124,920	(124,920)
Total	$ —	$ 211,490	$ 124,920	$ (336,410)

	2010			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ (119,759)	$ 703,960	$ (7,704)	$ (576,497)
Research grants	—	—	31,994	(31,994)
Total	$ (119,759)	$ 703,960	$ 24,290	$ (608,491)

9. Pension Plan

Employees of the Agency participate in one of the following pension plans:

a) Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution pension plan. The Province of Saskatchewan is responsible for the plan. The Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year is included in benefits in Schedule 5.

b) Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002.

		2011		2010
	SHEPP	PEPP	Total	Total
Number of active members	36	559	595	572
Member contribution rate, percentage of salary	7.70% - 10.00%	7.00%		
SCA contribution rate, percentage of salary	8.62% - 11.20%	7.00%		
Member contributions (thousands of dollars)	184	2,576	2,760	2,563
SCA contributions (thousands of dollars)	207	2,637	2,844	2,609

10. Related Party Transactions

These financial statements include transactions with related parties. The Agency is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Agency is also related to non-Crown enterprises that the Government jointly controls or significantly influences.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. Drugs and purchased hospital services acquired from related parties are recorded at rates agreed to by the related parties.

Other routine operating transactions with related parties are recorded at agreed upon rates charged by those organizations and are settled on normal trade terms.

	2011	2010
Expenses		
Regina Qu'Appelle Regional Health Authority	$ 2,416,649	$ 2,475,626
Saskatoon Regional Health Authority	3,373,510	3,155,029
Public Employees' Pension Plan	2,637,916	2,452,609
Other related parties	3,734,341	3,668,033
Total related party expenses	$ 12,162,416	$ 11,751,297
Prepaid Expenses		
Other related parties	$ 145,071	$ 120,011
Total related party prepaid expenses	$ 145,071	$ 120,011
Accounts Payable		
Regina Qu'Appelle Regional Health Authority	$ 422,505	$ 181,076
Saskatoon Regional Health Authority	723,817	823,486
Other related parties	700,077	641,645
Total related party payable	$ 1,846,399	$ 1,646,207

In addition, the Agency pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

The building premises occupied by the Allan Blair Cancer Centre are leased from the Regina Qu'Appelle Regional Health Authority for $1 per year, including a portion of occupancy costs. The Saskatoon Cancer Centre building owned by the Agency is situated on land owned by the University of Saskatchewan. The Agency is not charged for the use of this land.

11. Financial Instruments

a) Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows.

b) Interest Rate Risk

The Agency is exposed to the following interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates:

- The interest rate risk for the Agency's receivables and payables is minimal because they are non-interest bearing and of a short-term nature.
- As market interest rates fluctuate, the market value of long-term investments moves in the opposite direction. This risk will affect the selling price of investments if they are sold prior to maturity. Due to the size and nature of the Agency's investment portfolio and its future cash flow needs, the Agency is able to manage the timing of investment disposals in a manner that minimizes the interest rate risk.

c) Credit Risk

The Agency is exposed to credit risk from potential non-payment of accounts receivable or investment income and principle. The credit risk for the Agency's receivables is minimal because they are mostly from the Ministry of Health – General Revenue Fund, other government organizations or suppliers with which the Agency has ongoing contractual relations. The credit risk for the Agency's investments and related accrued interest receivable is minimal because investments consist of corporate bonds and provincial government bonds and debentures.

d) Fair Value of Financial Instruments

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 1, determined using quoted market prices.

12. Budget

Schedule 5 compares actual results to the 2010-11 budget plan approved by the Agency's Board of Directors on June 23, 2010.

13. Comparative Information

Certain 2009-10 balances have been reclassified to conform to current year's presentation.

14. Future Accounting Changes

In September 2010, the Public Sector Accounting Board approved an amendment to the introduction to the Public Sector Accounting Handbook. Effective for fiscal years beginning on or after January 1, 2012, government not for profit organizations are directed to use either the public sector accounting standards or public sector accounting standards for government not for profit organizations. The Agency is currently assessing the appropriateness and potential impact of the change in accounting standards on its financial statements for the year ending March 31, 2012.

Schedule 1

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INVESTMENTS
As at March 31, 2011

	Fair Value	Maturity Date	Effective Rate	Coupon Rate
Restricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 10,045,629	—	1.00%	—
Long-term investments:				
Province of Saskatchewan Savings Bond	536,131	12/03/12	5.21%	5.25%
Province of New Brunswick Bond	212,047	02/25/13	4.89%	5.50%
Bank of Nova Scotia GIC	253,485	10/23/14	3.20%	3.20%
Manulife GIC	253,539	10/23/14	3.25%	3.25%
Province of Manitoba Bond	997,144	12/03/14	3.19%	4.80%
Province of Manitoba Bond	497,377	12/03/14	3.19%	4.80%
Province of Ontario Bond	530,436	03/08/16	3.78%	4.40%
	3,280,159			
Total restricted investments	$ 13,325,788			
Unrestricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 6,791,213	—	1.00%	—
Long-term investments:				
GE Capital Canada Fund Strip Bond	482,700	07/24/12	5.00%	5.00%
Royal Bank of Canada Bond	523,632	06/05/14	4.59%	4.97%
Royal Bank of Canada Bond	501,689	06/05/14	3.08%	4.97%
Province of Ontario Bond	532,738	03/08/15	3.55%	4.50%
Province of New Brunswick Bond	1,068,311	12/03/15	4.42%	4.30%
Province of Saskatchewan Savings Bond	1,607,938	08/23/16	4.42%	4.50%
	4,717,008			
Total unrestricted investments	$ 11,508,221			
Restricted & Unrestricted Totals				
Total cash and short-term investments	$ 16,836,842			
Total long-term investments	7,997,167			
Total Investments	$ 24,834,009			

Schedule 2

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2011

Restriction	Balance Beginning of Year (Note 13)	Investment and Other Revenue	Expenses	Transfers	Balance End of Year
Capital Fund	$ 5,980,707	$ 2,564,670	$ (863,984)	$ 17,086	$ 7,698,479
Research Fund	419,244	2,539	(330,179)	124,920	216,524
Trust Fund	2,509,024	1,720,784	(366,722)	(238,847)	3,624,239
Total	$ 8,908,975	$ 4,287,993	$ (1,560,885)	$ (96,841)	$ 11,539,242

Schedule 3

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2011

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers	Balance End of Year
Contingency Reserve[1]	$ 2,405,990	$ ---	$ ---	---	$ 2,405,990
CMS Reserve [2]	402,474	---	---	---	402,474
Capital Fund	450,374	---	(140,310)	---	310,064
Trust Fund	631,351	637,727	(325,687)	(97,563)	845,828
Total	$ 3,890,189	$ 637,727	$ (465,997)	$ (97,563)	$ 3,964,356

(1) The operating fund balance is considered part of the contingency reserve as it supports the working capital position of the Agency.

(2) The Agency is implementing a multi-million dollar Clinical Management System (CMS) and established the CMS Reserve in 2003-04 to help fund this initiative.

Schedule 4

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF RESEARCH GRANTS
For the Year Ended March 31, 2011

	2011	2010
Role of Ankyrin3 in Receptor Mediated Endocytosis, Saskatoon	$ 99,282	$ 100,002
Collimated Radiation Therapy with Radiopotentation and 3-Dimension Mapping of Human Glioblastoma Multiforme Brain Tumor Xenographts, Saskatoon	98,377	70,200
HDAC Inhibitor Mediated Repression of SRC in Breast Cancer Cells	70,486	-
Alterations in Receptor Tyrosine Kinase Trafficking to Promote Receptor Degradation and Reduce Cancer Cell Division, Saskatoon	33,331	39,750
Role of Nodal Ratio in Breast Cancer Management, Regina	14,358	5,598
Monte Carlo Detector Modelling for Small Field Radiation Therapy Dosimetry	14,345	-
Correlation of Synchrotron Fourier Transform Infrared Spectroscopy, MRI Spectroscopy and N-Myristoyltransfererase Expression as Functional Biodiagnostic Indicators in Glioblastoma Multiforme, Saskatoon	-	64,730
Role of MS-1 Expression in Tumor Metastasis, Saskatoon	-	29,813
Characterization of MS-1 and its Role in Breast Cancer Metastasis, Saskatoon	-	14,280
Prophylactic Cranial Irradiation in Limited Stage Small Cell Lung Cancer, Regina	-	12,893
Prognostic Impact of Timing of Adjuvant Chemo-radiation Therapy in Resectable Gastric and Gastro-esophageal (GE) Junction Tumors, Saskatoon	-	5,855
Total Grants	$ 330,179	$ 343,121
Breakdown		
Operating expense	$ 330,179	$ 335,417
Capital expenditures	-	7,704
	$ 330,179	$ 343,121

Schedule 5

SASKATCHEWAN CANCER AGENCY
COMPARISON OF ACTUAL TO BUDGET
For the Year Ended March 31, 2011

	Operating Fund	
	Actual	Budget (Note 12)
REVENUES		
Ministry of Health - General Revenue Fund	$ 112,604,568	$ 111,331,165
Grants	656,215	530,000
Investment income	261,197	252,225
Unrealized gain (loss) - Financial instruments	56,308	—
Other revenues	1,845,952	1,457,366
	115,424,240	113,570,756
EXPENSES		
Salaries and employee benefits	60,197,450	56,589,418
Drugs and medical supplies	44,228,643	47,324,296
Purchased services	1,981,579	2,133,361
Other expenses	9,016,568	8,725,550
	115,424,240	114,772,625
(Deficiency) of revenues over expenses	—	(1,201,869)
Interfund transfers (Note 8)	—	—
Net (decrease) in fund balances	$ -	$ (1,201,869)

	Restricted Funds					
	Capital Fund		Research Fund		Trust Fund	
	Actual	Budget (Note 12)	Actual	Budget (Note 12)	Actual	Budget (Note 12)
REVENUES						
Ministry of Health - General Revenue Fund	$ 2,445,000	$ 15,000	$ —	$ —	$ —	$ —
Donations and bequests	—	—	—	—	2,279,501	1,674,000
Investment income	109,781	77,000	2,539	1,500	79,010	82,100
Other revenues	3,910	—	—	—	—	—
	2,558,691	92,000	2,539	1,500	2,358,511	1,756,100
EXPENSES						
Salaries and employee benefits	—	—	—	—	193,753	411,190
Other expenses	—	—	—	—	498,656	534,946
Research grants (Schedule 4)	—	—	330,179	379,656	—	—
Depreciation	4,286,230	4,900,000	—	—	—	—
Loss/(gain) on disposal of capital assets	67,306	—	—	—	—	—
	4,353,536	4,900,000	330,179	379,656	692,409	946,136
Excess (deficiency) of revenues over expenses	(1,794,845)	(4,808,000)	(327,640)	(378,156)	1,666,102	809,964
Interfund transfers (Note 8)	211,490	1,022,220	124,920	124,920	(336,410)	(1,147,140)
Net increase (decrease) in fund balances	$ (1,583,355)	$ (3,785,780)	$ (202,720)	$ (253,236)	$ 1,329,692	$ (337,176)

Schedule 6

SASKATCHEWAN CANCER AGENCY
CONSOLIDATED SCHEDULES OF

BOARD MEMBER REMUNERATION
For the Year Ended March 31, 2011

	2011							2010
Board Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total [1]	Total
Board Chair:								
McMillan, Dr. Stewart	$ 25,020	$ 17,438	$ 188	$ 1,236	$ -	$ -	$ 43,882	$ 50,042
Board Members:								
Caron, Dennis [2]	-	-	-	-	-	-	-	1,174
Finnie, Doug	-	2,725	1,000	3,884	-	-	7,609	8,529
Joyce, Gordon	-	2,250	275	728	-	-	3,253	3,487
Kennedy, Laura	-	1,300	-	620	-	-	1,920	2,819
Solomon-Schofield, Vaughn	-	1,250	188	192	-	-	1,630	2,932
Somani, Moyez [3]	-	-	-	-	-	-	-	958
Streelasky, Dr. Walter	-	2,350	852	5,192	-	-	8,394	3,714
Waschuk, Ronald	-	3,775	3,337	9,046	-	-	16,158	18,710
Total	$ 25,020	$ 31,088	$ 5,840	$ 20,898	$ -	$ -	$ 82,846	$ 92,365

(1) Board Member remuneration will fluctuate from member to member based on the number of meetings and conferences that they attend. The level of remuneration per member will also be affected by the location of these events, as members are resident in various areas throughout the province

(2) Board Member's term ended effective April 29, 2009

(3) Board Member's term ended effective January 2, 2010

SENIOR MANAGEMENT REMUNERATION, BENEFITS, ALLOWANCES, AND SEVERANCE
For the Year Ended March 31, 2011

	2011					2010 (Restated)		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits, and Allowances[1][2]	Severance	Total
Scott Livingstone, Chief Executive Officer [3]	$ 244,095	$ 3,877	$ 247,972	$ -	$ 247,972	$ -	$ -	$ -
Dora Nicinski, Interim Chief Executive Officer [4]	9,234	1,191	10,425	-	10,425	118,467	-	118,467
Robert Allen, Chief Executive Officer [5]	-	-	-	-	-	177,822	289,714	467,536
Dr. David Popkin, Vice-President, Care Services - Clinical [6]	165,233	-	165,233	-	165,233	408,000	-	408,000
Dr. Colum Smith, Vice-President, Care Services - Clinical [7]	303,056	-	303,056	-	303,056	-	-	-
Dr. Svein Carlsen, Vice-President, Research	170,955	-	170,955	-	170,955	142,890	-	142,890
Ivan Olfert, Vice-President, Care Services - Operations [8]	109,186	-	109,186	114,061	223,247	139,987	-	139,987
Kevin Lacey, Vice-President, Corporate Services	168,212	-	168,212	-	168,212	130,084	-	130,084
Dr. Jon Tonita, Vice-President, Population Health	168,101	-	168,101	-	168,101	129,970	-	129,970
Ron Colin, Vice-President, Quality & Performance Management [9]	-	-	-	-	-	79,386	35,924	115,310
James Haney, Provincial Leader, Quality, Safety & Risk [10]	106,686	-	106,686	-	106,686	-	-	-
Gladys Wasylenchuk, Provincial Leader, Public Affairs	110,554	-	110,554	-	110,554	91,188	-	91,188
Total	$ 1,555,312	$ 5,068	$ 1,560,380	$ 114,061	$ 1,674,441	$ 1,417,794	$ 325,638	$ 1,743,432

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, merit or performance pay, lumpsum payments, and any other direct cash remuneration

(2) Benefits and allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile, cell phone, computer, etc., as well as any other taxable benefits

(3) Scott Livingstone hired as Chief Executive Officer on April 26, 2010

(4) Dora Nicinski left the Agency April 16, 2010

(5) Robert Allen left the Agency September 8, 2009

(6) Dr David Popkin retired June 30, 2010

(7) Dr Colum Smith hired as Vice-President Care Services - Clinical on July 5, 2010

(8) Ivan Olfert left the Agency November 9, 2010

(9) Ron Colin left the Agency October 22, 2009

(10) James Haney hired as Provincial Leader, QSR on April 19, 2010

Payee Disclosure List

PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2011

Personal Services

Listed are individuals who received payments for salaries,wages, honorariums, etc., which total $50,000 or more.

Abbas, Tahir	$ 212,240	Broley, Chandra	50,147
Abbs, Jenelle	77,584	Brose, Kelsey	301,383
Afzal, Samina	374,901	Brown, Shardelle	68,476
Ahmad, Nazir	177,981	Brunet, Bryan	157,385
Ahmed, Shahid	465,846	Bruse, Lydia	70,969
Ali, S Kaiser	405,352	Brydon, Lizabeth	62,333
Allen, Joanne	76,552	Budz, Denise	127,108
Alvi, Riaz	99,280	Bulych, Deborah	111,828
Amjad, Asim	326,035	Burlock, Clint	96,617
Anderson, Deborah	121,607	Cadman, Patrick	146,744
Andreas, J. Joe	77,582	Cafferata, Theresa	56,215
Arnold, Florence	437,910	Campbell, Lorna	76,443
Arscott, Michele	92,121	Carlsen, Svein	170,955
Ash, Sheila	55,985	Carmichael, Karen	60,373
Aspen, Rebecca	89,372	Carmichael, Linda	85,386
Baisley, Julie-Ann	67,763	Carriere, Jocelyne	66,061
Baker, Tracy	73,161	Caza, Alison	50,340
Barnardo, Christopher	71,446	Chalchal, Haji	422,838
Barss, Richard	90,696	Cherwaty, Gail	86,176
Basler, Courtney	65,705	Choquette, Heather	76,268
Bauml-Thomas, Susan	82,271	Chow, Leissa	76,339
Beckett, Craig	159,792	Christenson, Kendra	63,354
Behl, Monica	363,777	Cole, Scott	56,367
Belitski, Renee	111,872	Colin, Jenny	68,951
Belous, Janice	74,548	Colleaux, Dena	77,602
Bernauer, Sandra	76,010	Conklin, Sheldon	66,726
Berzolla, Wayne	56,247	Cook, Darcy	78,063
Bichon, Carol	75,246	Corbin, Denise	59,569
Bjorndahl, Sterling	125,772	Cosgrove, Eileen	61,156
Blachford, Patti	72,895	Coulter, Sheila	92,073
Black, Megan	77,207	Cowan, Sarah	53,528
Blackwell, Maitland	76,150	Cranmer-Sargison, Gavin	109,422
Blake, Wanda	91,498	Cross, Deborah	50,339
Boehm, Lisa	58,586	Crump, Jolene	79,460
Boehm, Deborah	62,705	Dacey Dudey, Christine	51,495
Boehm, Darryl	107,294	Dagnone, Mary	77,141
Bonham, Keith	119,738	Dahl, Melvin	72,467
Bonnell, Gabriel	57,445	Danyluk, Patricia	96,402
Boyd, F.Mark	50,340	Davis, Karen	85,281
Bradel, Theresa	192,702	Derrick, Peter	81,433
Braun, Brenda	73,132	Deschamps, Michelle	89,190
Briggs, Sheri	77,440	Deters, Tim	86,234
Brockman, Rhonda	70,150	Dewald, Carmen	76,765

Payee Disclosure List

Dockray, Leanne	63,492
Doell, Heather	99,582
Dolata, Wojciech	330,234
Dosenberger, Tania	69,882
Dubey, Arbind	316,773
Duchscher, Dana	82,977
Dwernychuk, Lynn	86,234
Dyczkowski, Theresa	77,659
Edmunds, Laurie	68,714
Edwards, Trent	83,710
Ekberg, Roberta	97,388
Elemary, Mohamed	258,574
El-Gayed, Ali	354,145
El-Sayed, Assem	196,625
English, Azure	91,539
Exner, Joann	84,292
Fay, April	81,891
Ferozdin, Sajjad	75,845
Fibich, Christian	112,556
Fiddler, Kerri	75,961
Filipchuk, Monica	68,676
Fisher, Michelle	99,582
Florizone, Jackie	74,816
Foord, Christel	54,632
Foote, Bertha	82,162
Forbes, Frances	89,546
Forreiter, Dorothy	69,715
Fox, Pauline	76,402
Frank, Tracy	76,736
Galal, Ahmed	284,873
Galloway, Laurie	86,687
Gantefoer, Allison	70,783
Gardiner, Donald	342,737
Garratt, Kevin	95,161
Gartner, Helen	72,534
Gattinger, Bonnie	50,542
Gawley, Barbara	85,267
Gerber, Laurie	50,781
Gerein, Brenda	75,025
Gesy, Kathy	125,926
Gjevre, Karen	70,808
Glasman, Wilhelmenia	59,258
Glover, Frances	63,227
Good, Terrie	50,926
Good, Carlene	78,795
Goodman Chartier, Sandra	69,862
Gorecki, Lynn	54,503
Goubran-Messiha, Hadi	260,340
Gramlich, Lynn	50,774
Gray-Lozinski, Denise	53,318
Grindheim, Amber	56,332
Gronsdahl, Joy	75,655
Grubor, Sasa	70,368
Guedo, Ken	92,604
Gulka, Sandy	70,217
Gupta, Sangeeta	84,439
Haider, Kamal-Udd	407,344
Hala, Karen	60,345
Hancock, Jennifer	73,463
Hancock, Jason	83,770
Haney, James	106,686
Hanlon, Lana	67,892
Haq, M. Mansoor	376,675
Hartz, Gayle	56,074
Hastings, James	68,197
Haugen, Rikki	50,340
Hautz, Jo-Anne	80,951
Hegyi, Brandi	50,720
Heinrich, Arlene	77,646
Herasymuik, Elaine	73,646
Hnenny, Vera	89,735
Hodgins, Debra	91,666
Hordos, Janelle	74,688
Iqbal, Nayyer	140,669
Jackson, Rose	56,215
Jancewicz, Miroslav	368,130
Jensen, Georgina	66,517
Johnson, Mary	77,042
Johnston, Jacqueline	52,420
Jones, Shannon	56,005
Jones, Michael	57,038
Jones, Andria	75,098
Kaban, Susan	56,215
Kaiser, Philip	71,229
Kakumanu, Ankineedu	244,858
Karpinen, Lisa	71,367
Kasper, Amanda	69,500
Kaur-Singh, Harminder	57,976
Kennedy, Donna	75,000
Kerviche, Annette	50,300
Khan, Mohammad	189,231
Kish, Donna	77,054
Kolbinson, Janice	96,365
Kondra, Erica	62,935
Koul, Rashmi	316,773
Kovacs, Cindy	52,765
Kowbel, Beverly	99,582
Kozie, Serena	61,801
Krakalovich, Helena	70,305
Kroeker, Dana	63,010
Kruger, Lana	84,478
Kulrich, Celia	80,054

Payee Disclosure List

Kundapur, Vijayanan	354,145
Kuyek, Sherry	75,673
Lacey, Kevin	168,212
Ladyka, Colin	76,027
Langston, Danielle	62,534
Lapointe, J.R. Claude	147,701
Lauridsen, Debbie	56,365
Legare, Angela	66,195
Leik, Sheritee	99,001
Levesque, Sherri	50,049
Lewis, Margaret	99,280
Livingstone, Scott	247,972
Lobzun, Kevin	81,231
Lochbaum, Roberta	86,146
Lowe, Fern	56,486
Lulik, Deborah	51,071
Luterbach, Sharon	63,192
Ly, Ketsia	53,097
Macdonald, Wanda	56,215
Macdonald, Colin	69,008
Macedward, Kathy	76,094
Mackow, Kelli	69,724
Maclennan, Iain	103,980
Magnusson, Courtney	70,060
Magosse, Matt	76,270
Mahmood, Shazia	352,049
Marchant, Kristin	107,473
Martin, Stacy	53,152
Martinson, Alexandra	67,118
Mazurkewich, Heather	74,021
Mcallister, Rae	198,252
Mcdougall, Cheryl	55,972
Mcgonigal, Raelene	62,831
Mckenzie, Jennifer	85,262
Mclean, Jessica	50,559
Mcleod, Joanne	192,702
Mcvicar, Laurie	73,753
Meeres, Sandra	86,234
Mensch, Jackie	88,277
Miller, Jenny	55,274
Milligan, Laurey	69,450
Mitchell, Janet	65,366
Mohamed, Mohamed	382,317
Mohan, Connie	54,712
Morris, Joan	86,234
Moss, Andre	69,467
Mpofu, Christopher	373,479
Muz, Lori	63,317
Nakonechny, Denae	55,193
Narasimhan, Gopinath	67,184
Neubauer, Shannan	106,427
Nilson, Linda	172,625
Nistor, Gail	56,215
Noble, Randy	67,552
Norman, Carla	67,031
Olesen, Natasha	76,478
Olfert, Ivan	223,247
Olson, Colleen	97,775
Onasanya, Adeniyi	76,472
O'Neill, Darcie	71,761
Padbury, Reg	125,855
Padia, Jignesh	65,724
Paiva, Maria	90,204
Palmer, Leah	64,447
Park-Somers, Eileen	61,327
Patel, Nilesh	70,793
Patterson, Janet	72,726
Pearce, Laurie	55,298
Pelletier, Devon	77,509
Penley, Robert	82,026
Perry, Chantal	59,531
Phillips, Leah	86,560
Piercy, Bonnie	56,332
Pierlot, Joan	83,111
Pituley, Harriette	96,402
Pollock, Lenore	76,791
Popkin, David	165,233
Pryor, Rick	70,150
Rathwell, Grant	50,493
Rayson, Sandra	188,735
Reichert, Brian	89,951
Reid, Amanda	71,801
Richard, Maeghan	73,692
Ripplinger, Yvonne	50,199
Robb, Karen	67,474
Roth, Vanessa	51,003
Russell, Elaine	76,413
Sabry, Waleed	331,133
Sadikov, Evgeny	352,049
Salim, Muhammad	509,986
Sami, Amer	425,494
Sapieha, Shannon	57,752
Saxinger, Sheila	55,925
Schiltz, Colette	81,912
Schmidt, L. Marlene	67,782
Schmidt, Bruce	70,254
Schulz, Marcia	50,685
Schumann, Andrea	80,644
Schwarz, Christopher	99,269
Sebastian, Shauna	59,450
Segal, Liana	72,502
Seidler, Janelle	57,743

Payee Disclosure List

Senft, Beverley	77,063
Sharp, Warren	85,623
Shaw, Judy	60,982
Shinkewski, Patty	58,632
Sidhu, Narinder	169,417
Sigurdson, Joanne	56,277
Sirdar, John	78,031
Smith, Lauralee	69,236
Smith, Colum	303,056
Sollid, David	91,067
Sorsdahl, Lisa	51,829
Spitzig, Lynne	68,124
Steinson, Sharon	63,484
Strautman, Cheryl	74,236
Street, Jaeme	72,671
Stuart-Panko, Heather	99,280
Stuckel, Renee	69,862
Svensrud, Leona	67,801
Sweet, Rhonda	70,373
Taggart, Carissa	78,906
Tai, Patricia	352,049
Taylor, Yvonne	109,206
Templeton, Wendie	62,374
Ternes, Shyanne	74,803
Tetler, Miriam	72,818
Thain, Caroll	99,582
Thiesson, C. Scot	80,500
Thompson, Cheryle	86,234
Thurber, Colleen	57,422
Tinline, Paula	75,210
Tompkins, Sandra	56,332
Tonita, Jon	168,101
Toon, Brenda	74,766
Torri, Vamsee	282,378
Trach, Celestee	73,663
Tralnberg, Sandra	69,652
Treppel, Diane	77,698
Tu, Deluan	55,940
Turley, Dominic	84,096
Tyndall, Joanne	63,657
Usher, Barbara	70,625
Vachhrajani, Haresh	354,145
Vandenameele, Angela	56,157
Van-Gemeren, Jacqueline	80,479
Virgin, Stacey	76,403
Wacker, Steven	111,220
Waldbauer, Alison	74,953
Wall, Alana	51,103
Ward, Kathy	50,124
Warren, Joyce	88,430
Wasylenchuk, Gladys	110,554
Watson, Pauline	61,363
Weber, Lorenz	62,845
Weinrich, Ian	58,581
Weir, Linda	86,234
Wenaus, Cori	73,730
Wendel, Jeana	53,135
Westad, Anne	77,307
Whiting, Cheryl	99,280
Whittle, Alison	81,323
Wilde, Brenda	85,441
Wilson, Karla	78,369
Woitas, Carla	50,314
Wood, Valerie	88,662
Woodward, Joanne	69,170
Wright, Philip	296,023
Xiang, Jim	134,260
Yadav, Sunil	411,526
Young, Jana	65,203
Zaba, Donna	71,874
Zahayko, Michelle	56,332
Zarkovic, Mirjana	446,882
Zatylny, Paula	56,332
Zerr, Cheryl	51,837
Zhu, Tong	72,127
Ziegler, William	147,893

Payee Disclosure List

PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2011

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts, and equipment.

Abbott Laboratories	$ 1,949,319
Al-Hayki, Dr. Maryam	62,070
All-Brite Electric	74,633
Allied Printers & Promotions	66,667
Associated Radiologists of Saskatoon	239,438
Baxter Corporation	466,918
Biomed Recovery & Disposal	54,538
Boan, Derek	57,750
Bristol-Myers Squibb Canada	306,404
BTS Group	198,503
Canadian Medical Protective Association	83,609
Canadian Pharmaceutical Distribution Network	23,796,102
CancerCare Manitoba	205,936
Can-Med Healthcare	93,226
Card, Dr. Robert T.	55,148
Carmel Pharma	438,946
Celgene Corporation	2,401,258
College of Physicians & Surgeons of Saskatchewan	62,410
Commercial Building Service	52,329
Deloitte & Touche LLP	63,365
Derby Holdings Limited	102,976
Diners Club International	149,307
Dr. A. Paul Masiowski Medical Professional Corporation	72,000
Dr. David Sheridan Medical Services Professional Corporation	136,331
Dr. Julie Stakiw Medical Professional Corporation	265,457
Ebsco Canada Limited	54,016
eHealth	54,000
EUSA Pharma Inc.	75,558
Five Hills Health Region	67,430
Genzyme Canada Inc.	346,346
Grand & Toy Office Products	74,235
HBI Brennan Business Interiors Inc.	226,119
HDH Architects	136,585
Healthmark Limited	54,556
Hospira Healthcare Corporation	92,240
Innovation Place	256,107
Ledding, Kevin	92,250
Maclennan, Dr. Iain M.	64,177
Marsh Canada Limited	101,137
McKesson Canada	4,749,708
McKesson Distribution Partners	5,290,543
Medical Doctor Associates	75,642
NewWest Enterprise Property Group	103,814
Niesner Properties Inc.	125,289
Novartis Pharmaceuticals Canada	4,990,610
Nucletron Corporation	137,003
Prince Albert Parkland Regional Health Authority	80,854
Print-It Centres	82,818
Provincial Health Services Authority	90,305
Radiology Associates of Regina	481,666
Regina Qu'Appelle Regional Health Authority	2,416,649
Royal Bank VISA	170,974
Sandoz Canada Inc.	70,581
Santiago, Dr. Natalie Buitron	63,706
Saskatchewan Association of Healthcare Organizations (SAHO)	165,449
Saskatchewan Health Information Network	65,286
Saskatchewan Power	51,817
Saskatchewan Property Management	525,224
Saskatchewan Telecommunications	136,286
Saskatoon Regional Health Authority	3,373,510
Schaan Healthcare Products	72,787
SDM Specialty Health Network Inc.	226,764
Siemens Canada Limited	53,611
Sigma-Tau Pharmaceuticals, Inc.	133,273
Softchoice Corporation	124,813
Sopherion Therapeutics	53,932
South Pasqua Development	172,160
Sperling, Brad	82,100
Sunrise Regional Health Authority	101,526
University of Saskatchewan	193,217
Varian Medical Systems	894,697
West Wind Aviation	84,468
Xerox Canada Limited	119,918
Zaidi, Dr. Adnan	99,163

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Public Employees Disability Income Fund - employer's share	$ 117,583
Public Employees Pension Plan - employer's share	2,637,916
Receiver General for Canada :	
- Canada Pension Plan - employer's share	1,219,199
- Employment Insurance - employer's share	550,818
SAHO - Core Dental Plan	359,756
SAHO - Extended Health Care Plans	245,262
SAHO - In-Scope Health & Dental	758,680
Saskatchewan Healthcare Employee's Pension Plan - employer's s	206,566
- employer's share	
Workers' Compensation Board	463,548

Contact Information

Saskatchewan Cancer Agency Contact Numbers:

Allan Blair Cancer Centre (Regina): 306-766-2213

Regina Cancer Patient Lodge: 306-359-3166

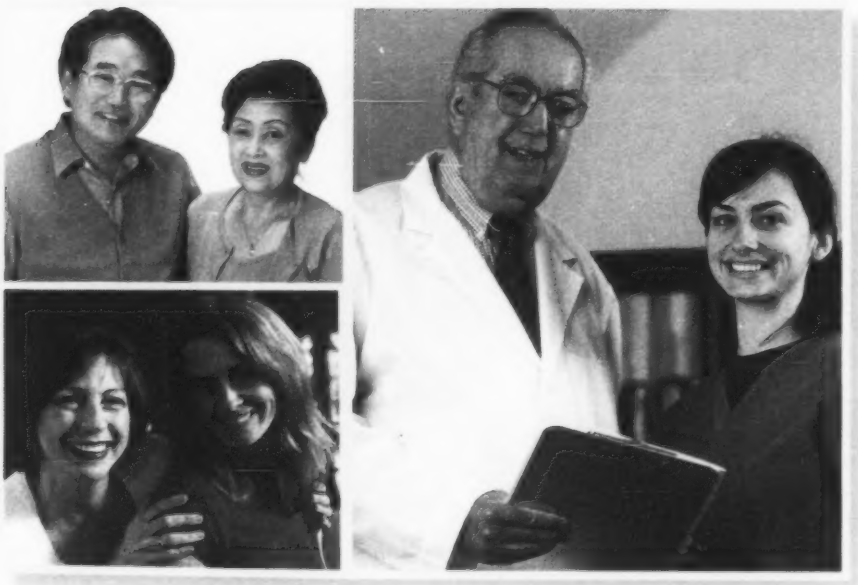
Saskatoon Cancer Centre: 306-655-2662

Saskatoon Cancer Patient Lodge: 306-242-4852

Early Detection: toll-free in Saskatchewan 1-800-667-0017

Quality of Care Coordinator (client representative): toll-free in Canada 1-866-577-6489

Visit our website: www.saskcancer.ca



Saskatchewan Cancer Agency
#204-3775 Pasqua Street
Regina, Saskatchewan S4S 6W8
306-585-1831
www.saskcancer.ca